

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12541

Reg. Dist. No. 18a

1. PLACE OF DEATH: Hartford

County.....
City or town..... Hartford Co Home Bldg, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md County..... Hartford
City or town..... Rural - Jackson
(If outside city or town limits, write RURAL and give nearest town)
Street No..... Almshouse
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Raymond Bayuscauskis

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

Mar 12, 1952

8. AGE:

Years

Months

Days

If less than one day

66

hrs.

min.

9. Birthplace

Lithuania

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

12/16 48 P. Woodward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 15

19

48 at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 23

19

48 to

Dec 15

19

and that I last saw him alive on

Dec 10

19

Immediate cause of death

CEREBRAL HEMORRHAGE

DURATION

4.5 hrs

Due to

Due to

Other conditions

Essential Hypertension?

Cerebral Arterio-sclerosis?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Willard P. Hudson, M.D.

M. D. or other

Address

Forest Hill Rd

Date signed

12/16/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 20 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12542
180

1. PLACE OF DEATH:

County HarfordCity or town Joppa R.D.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Joppa R.D.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

William Ruben Booth

3.(b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Jettie O. Booth

7. Birth date of deceased (mo., day, yr.)

Feb 3, 1895

6.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

531014

hrs.

min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

she mother

11. Industry or business

FATHER
MOTHER

12. Name

William Booth

13. Birthplace

Virginia

14. Maiden name

Mary Jones

15. Birthplace

Virginia

18. Informant

Mrs. Jettie O. Booth

Address

Joppa R.D. Maryland

17.

Burial
(Burial, cremation, or removal, Which?)Date thereof Dec 20, 1948
(month) (day) (year)

Cemetery or crematory

Bel Air Burial Park

Location

Bel Air Maryland

18. Funeral director

Howard K. McKone & Son

Address

Aberdeen Maryland

19.

12-20
(Date rec'd by registrar)1948
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17, 1948 at 3:45 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 14, 1948 to Dec 17, 1948and that I last saw him alive on Dec 17, 1948

Immediate cause of death

Coronary Thrombosis

DURATION

3 da.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

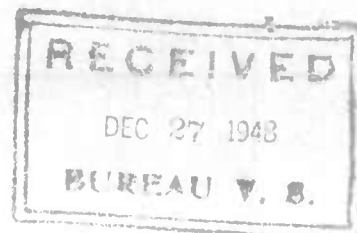
23. SIGNATURE

Clifford F. Hudson M.D.

M. D. or other _____

Address Fork, Md. Date signed 12/17/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12543

180

1. PLACE OF DEATH:

County Harford
 City or town Magnolia
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 days
 Hospital, institution, or street address where death occurred:
Home
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford
 City or town Magnolia
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

John William Briley

3. (b) Social Security Number

4. Sex Male 5. Color or race Negro 6. (a) Single, married, or divorced Married
 6. (b) Name of husband or wife Ada Jane Briley
 6. (c) If alive, give age 72 years
 7. Birth date of deceased (mo., day, yr.) April 2 - 1870
 8. AGE: Years 78 Months 8 Days 20 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore County, Md.
 (Town, county, and state)
None
 10. Usual occupation
 11. Industry or business

MOTHER FATHER
 12. Name Jacob Briley
 13. Birthplace Shannodora Valley, Va
Mary Waters
 14. Maiden name
 15. Birthplace Harford County
 16. Informant Mrs. Ada J. Briley
 Address

17. Magnolia Methodist Ch. Date thereof 12-26-48
 (Burial, cremation, or removal? Which?) (month) (day) (year)
 Cemetery or crematory Magnolia Methodist Ch.
Magnolia
 Location
 18. Funeral director Charles E. Bullock
 Address 556 Lewis St. Harford, Md.

19. 12-26-48 19. None on Monksdale
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 19 48 at 8:50 p.m.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 19 48 to Dec 22 19 48
 and that I last saw him alive on Dec 22 19 48

Immediate cause of death Carcinoma of stomach DURATION 3

Due to _____
 Due to _____

Other conditions _____

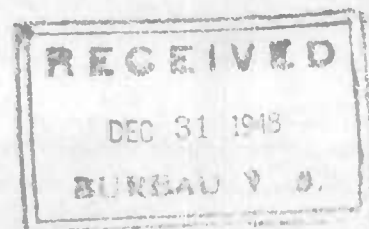
(Include pregnancy within 3 months of death)

Major findings of operations see above Date of op. July 30 1948

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE Red O Hodous M.D.
Edgewood Md M. D. or other _____
 Address _____ Date signed 12-23-48



RECEIVED

DEC 31 1948

BUREAU V. O.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12544 182

1. PLACE OF DEATH:

County Hartford
 City or town Emmorton Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 1/2 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Hartford
 City or town EMMORTON Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

James H Broumel

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M
 6.(b) Name of husband or wife Sarah E Broumel
 7. Birth date of deceased (mo., day, yr.) Aug 26 - 1907 6.(c) If alive, give age _____ years
 8. AGE: Years 41 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Bel Air, Md
 (Town, county, and state)
 10. Usual occupation Retired
 11. Industry or business _____

MOTHER FATHER
 12. Name J Wallace Broumel
 13. Birthplace Baltimore, Md
 14. Maiden name Caroline H Hall
 15. Birthplace Hartford Co., Md

16. Informant Sarah E Broumel
 Address Bel Air, Md

17. Burial Date thereof Dec 9/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St Mary's Episc
 Location Emmorton, Md

18. Funeral director Jos. J Foster
 Address Bel Air, Md

19. 12/8 48 P. Lowwood
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1948 at 12³⁰ P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1921 to Dec 1948
 and that I last saw him alive on Dec 6 1948

Immediate cause of death Acute Chronic Poison DURATION

Due to Chronic Nephritis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. or other
 Address Bel Air Md Date signed 12/7/48

RECEIVED

DEC 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County HARFORDCity or town WHITE HALL RFD
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County HARFORDCity or town WHITE HALL RURAL
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

SARAH MARTHA CAMPBELL

3. (b) Social Security Number

NONE

4. Sex

FEMALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

SINGLE

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) JAN. 13 - 1856

8. AGE:

92 Years11 Months7 Days

If less than one day

_____ hrs. _____ min.

9. Birthplace

STEWARTSTOWN, PA
(Town, county, and state)

10. Usual occupation

NURSE

11. Industry or business

FATHER
MOTHER

12. Name

WILLIAM CAMPBELL

13. Birthplace

PA

14. Maiden name

ELIZABETH

15. Birthplace

PA

16. Informant

WALTER CEMMILL

Address

White Hall, Ind

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan 1 - 1949
(month) (day) (year)

Cemetery or crematory

NORRISVILLE

Location

WHITE HALL RURAL

18. Funeral director

Howard S. Marklund

Address

White Hall Ind

19. Jan 1

(Date rec'd by registrar)

189 Thomas R. Brown

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 19 48 at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 40 to Dec. 30 19 48and that I last saw him alive on Dec. 21 19 48

Immediate cause of death

Broncho-pneumonia

DURATION

Due to

Due to

Other conditions

arterio-sclerosis
hypertension
(Include pregnancy within 5 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G. L. France

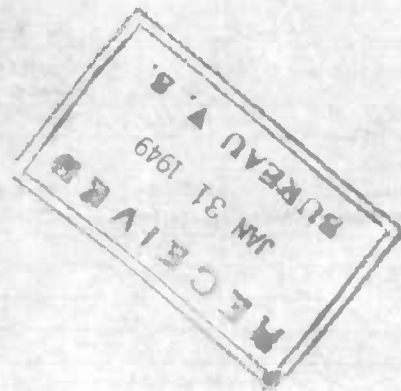
M. D. or other

Address

Parity Ind

Date signed

12/31/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH

County Harford
 City or town Harford De Bracke
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 days 33 yrs
 Hospital, institution, or street address where death occurred Harford Memorial Hospital
 How long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Harford
 City or town Harford De Bracke
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 307 S. Washington
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Churchman, Horace L.

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Churchman, Dorothy
 6. (c) If alive, give age 47 years
 7. Birth date of deceased (mo., day, yr.) JAN - 1 - 1898
 8. AGE: Years 50 Months 11 Days 22 If less than one day 8 hrs. 40 min.

9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Carpenter

11. Industry or business

12. Name Churchman, Amasa13. Birthplace Maryland14. Maiden name Matthews, Irene15. Birthplace Maryland16. Informant Patient's ChartAddress 307 S. Washington17. Buried Date thereof 12/27/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose BankLocation New Rising Sun, Md.18. Funeral director Pennings & SonAddress Harford De Bracke19. Dec. 27 19 48 A. L. Lewis M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 December 19 48 at 8:40 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 Feb. 19 48, to 24 Dec. 19 48.and that I last saw him alive on 24 Dec. 19 48.Immediate cause of death Coronary Heart Failure DURATION 2 weeksDue to Cardio Vascular Renal DiseaseDue to Malignant Hypertension 4 yrs.Other conditions Renal Lithiasis 5 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel D. Dolee M. D. or other M.D.Address Harford De Bracke Date signed Dec 27, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:

County Harford
 City or town Joppa R.D. (near Brindabair)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Harford
 City or town Edgewood
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 54 Cedar St
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War II

3. (a) FULL NAME

CALVIN DAILEY CORBIN

3. (b) Social Security Number

234-36-6378

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Jean Louis Corbin
 6.(c) If alive, give age 17 years
 7. Birth date of deceased (mo., day, yr.) Jan. 28, 1928
 8. AGE: Years 20 Months 10 Days 6 If less than one day hrs. min.

9. Birthplace Romney, W. Va
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business U.S. Govt Army Chemical Center Md
 12. Name Andrew C. Corbin
 13. Birthplace W. Va
 14. Maiden name Ella J. Shaukholtz
 15. Birthplace W. Va.

16. Informant Lee Corbin
 Address Box 265, Edgewood Maryland
 17. Transportation Funeral Home Date thereof Dec 15, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory B.A. Siffert Funeral Home
 Location Capon Bridge, W. Va
 18. Funeral director Howard R. McCrory & Son
 Address Aberdeen Maryland
 19. Dec 5 19 48 Maureen Mouldale
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4 19 48 at 2:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Massive Hemorrhage

DURATION

Due to Crushing Injury of Chest

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ACCIDENT Date of 12/4/48Where did injury occur? 2405 BRADSHAW HARFORD MD
 (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Road #7Means of Injury Truck overturned Injured at work? No23. SIGNATURE W. L. Corbin M.D.Address Aberdeen, Md Date signed 12/4/48

RECEIVED

DEC 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County HarfordCity or town Pylesville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County HarfordCity or town Pylesville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

CHARLES FRANKLIN CORBIN

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 23 1948

8. AGE:

Years

Months

Days

If less than one day

6 28

hrs.

min.

9. Birthplace

Baltimore md.
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

none

FATHER

12. Name

Andrew Corbin

13. Birthplace

Fredsburg 2nd

14. Maiden name

Edna Batley

15. Birthplace

Washington D.C.

16. Informant

Andrew Corbin

Address

Pylesville md

17. (Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Dec 15 1948

Cemetery & crematory

Highland

Location

St. James md

18. Funeral director

W. Howard Thibb

Address

7000 Grove Pa

19. (Date rec'd by registrar)

Dec 15 1948Thomas R. Brown

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 19 48 at 8:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 _____, to _____, 19 _____

and that I last saw him alive on _____, 19 _____

Immediate cause of death

Asphyxiation

DURATION

Due to

profuse aspiration of vomitus

Due to

Other conditions

—

(Include pregnancy within 3 months of death)

Major findings of operations

—

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

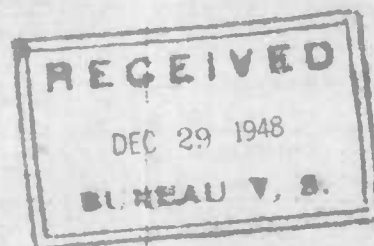
23. SIGNATURE

W. Ramsey M.D.
Deputy Medical Examiner

M. D. or other

Address

Aberdeen, Ind.Date signed 12/13/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12549

Reg. Dist. No. 180

1. PLACE OF DEATH:

County Harford
 City or town Jappa
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

Jappa Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County HarfordCity or town Jappa
(If outside city or town limits, write RURAL and give nearest town)Street No. Belair Rd
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

John H. Dietz

3. (b) Social Security Number

214-18-9026

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

6. (c) If alive, give age..... year

7. Birth date of deceased (mo., day, yr.) Sept. 20th 1886

8. AGE:

Year	Months	Days	It less than one day
<u>62</u>	<u>2</u>	<u>23</u> hrs. min.

9. Birthplace

Balto. Co. Md.
(Town, county, and state)

10. Usual occupation

Black Layer

11. Industry or business

214-18-9026

FATHER

12. Name Christian F. Dietz

13. Birthplace

Christina Class

MOTHER

14. Maiden name Germany15. Birthplace Germany

16. Informant

Mrs. John H. Ehrman

Address

Jappa P.O. Harford Co. Md

17. Burial

Burial Date thereof 12 20 48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory

St. Michaels Lutheran

Location

Balto. Co. Md

18. Funeral director

Lassahn Funeral Home

Address

7401 Belair Rd.

19. Dec 20

19. 48 A. W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17th 19 48 at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 7 48 to Dec 17 48
and that I last saw him alive on Dec 15 19 48

Immediate cause of death

Coronary Occlusion

DURATION

5 MIN

Due to

Hypertensive Cardiovascular Disease Sys

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Injured at work?

23. SIGNATURE

Clifford F. Hudson M.D.

M. D. or other

Address

Fork MdDate signed 12/18/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1
94a

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Harford
City or town Hawre-Grace Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford
City or town Hawre-Grace Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Murray Honahoo

3. (b) Social Security Number

No

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife

Aline

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

May 9, 1867

8. AGE:

Years

Months

Days

If less than one day

81719

hrs.

min.

9. Birthplace

Harford Co., Md.

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Farmer

MOTHER FATHER

12. Name

James E. Honahoo

13. Birthplace

Harford Co., Md.

14. Maiden name

Mary E. O'Brien

15. Birthplace

Harford Co., Md.

16. Informant

Miss Maryfield Walker

Address

Hawre-Grace Rural

17. Burial

Burial

Date thereof

Dec. 31, 1948

Cemetery or crematory

Westman Chapel Cem

Location

Harford Co., Md.

18. Funeral director

J. S. Bailey

Address

Carlinton, Md.19. Dec 30

1948

Benton R. B. Knight

Registrar

20. SIGNATURE

Thos. P. Thompson

M. D. or other

Address

Frederick, MdDate signed Dec. 29, 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1948 at 5:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1948 to 1948and that I last saw him alive on Dec. 28 1948

Immediate cause of death

Coronary thrombosis

DURATION

1 hr.

Due to

angina pectoris

Due to

Patient died within afew minutes

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

RECEIVED

JAN 13 1949

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County HarfordCity or town Aberdeen Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Aberdeen Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Catherine Flowers

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife

Harry Flowers

7. Birth date of deceased (mo., day, yr.)

Jan. 29th. 1870

6. (c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day

78 11 _____ hrs. _____ min.9. Birthplace Aberdeen, Harford Co. Md.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name James Strong13. Birthplace Aberdeen Harford Co. Md.14. Maiden name Percella Allender15. Birthplace Aberdeen, Harford Co. Md.16. Informant Mrs. Blanche BrandhoffAddress Aberdeen, Harford Co. Md.17. Burial Date thereof 1-2-1949

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Wesleyan ChapleLocation Near Aberdeen Md.18. Funeral director Henry Tearing & SonsAddress Aberdeen, Harford Co. Md.19. Jan 1 19 49 Mellie H. Wiley

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 19 48 at 5:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 31 19 47, to Dec. 29 19 48and that I last saw him alive on Dec. 27 19 48

Immediate cause of death

Chronic Valvular
Heart Disease

DURATION

10 yrs

Due to _____

Due to _____

Other conditions

General atherosclerosis5 yrs

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

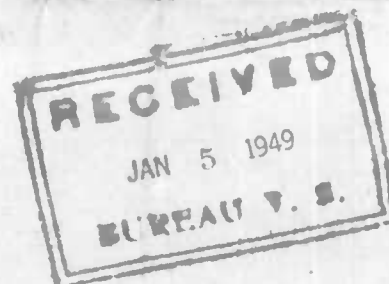
Means of injury _____ Injured at work? _____

23. SIGNATURE

J. F. Magraw

M. D. or other

Address Perryville Md. Date signed 12/31/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a : 12552 182

Reg. Dist. No.

1. PLACE OF DEATH:

County..... HarfordCity or town..... Bel Air
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?..... 2 yrs.

Hospital, institution, or street address where death occurred:

Vaughn's Hotel - main street

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... MD County..... HarfordCity or town..... Bel Air
(If outside city or town limits, write RURAL and give nearest town)Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

RAYMOND FOARD

3. (b) Social Security Number

4. Sex.....

M

5. Color or race.....

W

6. (a) Single, married, widowed, or divorced.....

S

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

Feb 8 - 1892

8. AGE:

56

Years

Months

Days

If less than one day

..... hrs. min.

9. Birthplace.....

Upper Crn Rds
(Town, county, and state)

10. Usual occupation.....

Carpenter work

11. Industry or business.....

FATHER

12. Name.....

Thomas R Foard

13. Birthplace.....

MD.

MOTHER

14. Maiden name.....

Annie Knight

15. Birthplace.....

MD.

16. Informant.....

Li Clinton Foard

Address.....

Bel Air, Md

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

Dec 31/48
(month) (day) (year)

Cemetery or crematory.....

Fork Methodist

Location.....

Fork, Md

18. Funeral director.....

Joseph T Foster

Address.....

Bel Air, Md

19.

12/3048P. Howard

(Date rec'd by registrar)

19

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Dec. 29 1948 at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to 19.....

and that I last saw him..... alive on 19.....

Immediate cause of death.....

Cerebral Hemorrhage

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

J. W. Ramsey M.D.
Deputy medical Examiner

Address.....

Chesapeake, MdDate signed 12/29/48

RECEIVED

JAN 4 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12553
182

1. PLACE OF DEATH: County <u>Harford</u> City or town <u>Street, Rural</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>33 yrs.</u> Hospital, institution, or street address where death occurred: _____ How long in hospital or institution? _____				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Harford</u> City or town <u>Street, Rural</u> (If outside city or town limits, write RURAL and give nearest town) Street No. _____ (If rural, give LOCATION) 2. (a) If veteran, name war _____			
3. (a) FULL NAME <u>Carrie I. Grafton</u>				3. (b) Social Security Number _____			
4. Sex <u>Female</u>				5. Color or race <u>white</u>			
6. (a) Single, married, widowed, or divorced <u>widowed</u>				6. (b) Name of husband or wife <u>Corbin A. Grafton</u>			
7. Birth date of deceased (mo., day, yr.) <u>January 7, 1871</u>				6. (c) If alive, give age _____ years			
8. AGE: Years <u>77</u>		Months <u>11</u>		Days <u>17</u>		If less than one day _____ hrs. _____ min.	
9. Birthplace <u>Harford Co. Md.</u> (Town, county, and state)							
10. Usual occupation <u>Housewife</u>							
11. Industry or business _____							
FATHER		12. Name <u>Stephen W. Harkins</u>					
MOTHER		13. Birthplace <u>Harford Co. Md.</u>					
14. Maiden name <u>Sarah E. Michael</u>		15. Birthplace <u>Harford Co. Md.</u>					
16. Informant <u>Mrs. Lamar McCann</u> Address <u>Street, Md.</u>							
17. Burial (Burial, cremation, or removal, Which?) <u>Burial</u> Date thereof <u>Dec. 26, 1948</u> (month) (day) (year) Cemetery or crematory <u>Dublin cemetery</u> <u>Dublin, Md.</u> Location 18. Funeral director <u>Hubert P. Harkins</u> Address <u>Delta, Pa.</u> <u>Dec. 25, 1948</u> <u>C.D. Kirk</u> (Date rec'd by registrar) Registrar							
MEDICAL CERTIFICATION 20. DATE OF DEATH <u>December 24</u> 19 <u>48</u> at <u>2 A</u> M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>November 1944</u> to <u>December 24, 1948</u> and that I last saw her alive on <u>December 23, 1948</u> Immediate cause of death <u>Coronary thrombosis</u> Due to _____ Due to _____ Other conditions <u>hypertensive cardiac condition</u> (Include pregnancy within 3 months of death) Major findings of operations _____ Date of op. _____ Autopsy results _____ PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide _____ Date of _____ Where did injury occur? _____ (City or town) _____ (County) _____ (State) Injured at home, farm, industry, public place (where?) _____ Means of injury _____ Injured at work? _____							
23. SIGNATURE <u>Regan D. Dwyer</u> <u>CARDIFF Md</u> Address _____ Date signed <u>12-24-48</u>							

RECEIVED

JAN 13 1949

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford
City or town Forest Hill
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 36 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Harford
City or town Forest Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Frank Cressley Gray

3. (b) Social Security Number

—

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male white married

6.(b) Name of husband or wife Marya Gray

7. Birth date of deceased (mo., day, yr.) May 5th 1877

8. AGE: Years Months Days If less than one day

71 7 16 hrs. min.

9. Birthplace Jarrettsville Harford Co md.
(Town, county, and state)

10. Usual occupation Flourist.

11. Industry or business

12. Name Justina Gray

13. Birthplace not known

14. Maiden name Martha Jane Kurtz

15. Birthplace Jarrettsville md

16. Informant Marya Gray

Address Forest Hill md

17. Burial Date thereof Dec 23-48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Centre

Location Forest Hill Harford Co md

18. Funeral director Martha E. Kurtz

Address Jarrettsville md

19. 92/22 48 Pfowood
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 19 48 at 2:43 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1- 19 48 to Dec 21 19 48 and that I last saw him alive on Dec 20 19 48

Immediate cause of death Carcinoma of Stomach

Due to _____

Due to _____

Other conditions Extensive Metastases to liver
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE Willard P. Hudson
M. D. or other _____
Address Forest Hill md Date signed 12/21/48

MARGIN RESERVED FOR BINDING

VS A15 9.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 28 1948

BUREAU V. S.

Evidence for change of
date and place of burial
shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

190

12555

FILM No. G 118 JAN 17 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford
City or town Upper Cross Roads (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 Months
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford
City or town Upper Cross Roads
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Coxley Trigg

3. (b) Social Security Number

Gullion

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Flora May Hall Gullion

7. Birth date of deceased (mo., day, yr.) June 9 - 1902

8. AGE: Years 46 Months Days If less than one day
..... hrs. min.

9. Birthplace Va
(Town, county, and state)

10. Usual occupation Wood Work

11. Industry or business

12. Name C. T. Gullion

13. Birthplace Va.

14. Maiden name Lula Tibbs

15. Birthplace Va

16. Informant Mrs. Flora M. Gullion

Address Fallston

17. Burial Date thereof Dec 30 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Mt. Christian Church
Cemetery or crematory

Joppa, Harford Md Rural
Location

18. Funeral director J. J. T. T. T.

Address Baltimore Md

19. 12/28 19 48 P. Howard
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 19 48 at 10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
..... 19..... to..... 19.....

and that I last saw him alive on..... 19.....

Immediate cause of death Exposure to cold

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 12/26/48

Where did injury occur? Fallston Harford Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Fell & froze to death Injured at work? no

Signature Gerald C. Palmer M.D.
Active Deputy Medical Examiner

Address Bell Air, Md M. D. or other Harford County
Date signed 12/26/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

VS A15

PLEASE WRITE PLAINLY, UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County HarfordCity or town Steele de Grace
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 yrs

Hospital, institution, or street address where death occurred:

Stanford Memorial HospitalHow long in hospital or institution? 4 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County HarfordCity or town Waterloo
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

GEORGEHAMILTON

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

✓

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

1866

8. AGE:

82

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Howard Co Md
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal? (Where?))

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

48

G. L. Lewis M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

22 Dec

19

48

at

9:30

P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

22 Dec

19

48

to

22 Dec

19

48

and that I last saw him alive on

22 Dec

19

48

Immediate cause of death

Acute pulmonary edema

Due to

Hypertensive CVD
Chronic failure

Due to

Other conditions

Not known.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. B. Mennett M.D.

M. D. or other

Address

Harre de Grace

Date signed

12-22-48

1866
28
1948

RECEIVED
DEC 27 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 93d

Reg. Dist. No. 185-

1. PLACE OF DEATH:

County HARFORDCity or town HAVER-DE-GRAVE
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 hrs 11 min.Hospital, institution, or street address where death occurred:
HARFORD MEMORIAL HOSPITALHow long in hospital or institution? 4 hrs - 11 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County HARFORDCity or town Perryman
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Hopkins, Ella Hollis

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife J. Fletcher Hopkins

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 16 - 18818. AGE: Years 67 Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation House wife

11. Industry or business _____

12. Name Jacob Hollis13. Birthplace Maryland14. Maiden name Catherine Elliott15. Birthplace Maryland16. Informant Robert G. ChartersAddress Haver de Grace17. Burial Date thereof Dec. 13, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory WilmingtonLocation Maryland18. Funeral director Henry Tharrington & SonsAddress Aberdeen Md.19. Dec. 13 19 48 G. L. Lewis Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-10 19 48 at 9:24 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-10 19 48 to 12-10 19 48 and that I last saw him alive on 12-10 19 48Immediate cause of death CerebralEmbolismDURATION 3 daysDue to Cerebro-VascularHypertension

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Richard C. Hayder M. D. or other _____Address Haver de Grace Md. Date signed 12-10-48

RECEIVED

DEC 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12558 185-

1. PLACE OF DEATH:

County Harford
 City or town Havre de Grace
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45 years
 Hospital, institution, or street address where death occurred:
563 Congress Ave.,
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Harford
 City or town Havre de Grace
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 563 Congress Ave.,
 (If rural, give LOCATION)
 2.(a) If veteran name war

3. (a) FULL NAME

Annie E. Jackson

3. (b) Social Security Number

4 Sex Female 5. Color or race White 6.(a) Single, married, widowed or divorced Widowed
 6.(b) Name of husband or wife George W. Jackson
Deceased 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) Sept 9, 1860
 8. AGE: Years 88 Months 3 Days 7 If less than one day hrs. min.

9. Birthplace Principio Furnace, Cecil, Md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Own Home

FATHER 12. Name John Ward
 13. Birthplace Cecil Co., Md.
 MOTHER 14. Maiden name Rebecca Craig
 15. Birthplace Cecil Co., Md.

16. Informant Charles Fleming
 Address 563 Congress Ave. Havre de Grace Md.

17. Burial Burial Date thereof Dec. 19, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Principio Cemetery
 Location Principio Furnace, Md.

18. Funeral director W. A. Patterson & Son
 Address Perryville, Md.

19. Dec. 18 19 48 G. L. Lewis M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 19 48 at 3:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 19 48, to Dec 16 19 48
 and that I last saw him alive on Dec 16 19 48.

Immediate cause of death Arteriosclerosis
Chronic Myocarditis
Senility

Due to Senility
 Due to Cardiac Failure
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Cardiac Failure
 Date of op.

Autopsy results Cardiac Failure
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Cardiac Failure Date of Dec 16
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D.
 Address Shuman & Son Date signed 12/10/48
 M. D. or other



10083

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Hartford
 City or town Belt Air, Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Hartford
 City or town Belt Air, Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Jacob Fife Jones

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W D

6. (b) Name of husband or wife Sally H Jones
 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb 14 - 1873

8. AGE: Years 75 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Hartford Co., Md
 (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Joshua B. Jones

13. Birthplace Md.

14. Maiden name Marinda Hawkins

15. Birthplace Md

16. Informant Mrs Geo Young

Address Belt Air, Md.

17. 1547121 Date thereof Dec 19/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt Olivet Methodist

Location Mt Olivet Pa

18. Funeral director Jn J. Fife

Address Belt Air, Md

19. 12/17/48 P. Fourwood
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 - 1948 at 6:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 13 1948 to Dec 15 1948
 and that I last saw him alive on Dec 15 1948

Immediate cause of death Jones
Atherosclerotic disease DURATION 6 mo.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Gerald C Palmer M.D.

Address Belt Air, Md M. D. or other _____
 Date signed 12/17/48

MARGIN RESERVED FOR BINDING

VS A15 9.45.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 20 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12560 182

1. PLACE OF DEATH:

County Harford
City or town Street Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 84 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Harford
City or town Street Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Sarah E. Kennedy

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
6.(b) Name of husband or wife Charles F. Kennedy
6.(c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) Dec. 7 - 1864
8. AGE: Years 84 Months 0 Days 1 If less than one day
hrs. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Benjamin R. Riddle

13. Birthplace Harford Co. Md.

MOTHER 14. Maiden name Sarah J. Brown

15. Birthplace Harford Co. Md.

16. Informant Mrs. Effie G. Gutter

Address Forest Hill, Md.

17. Burial Burial Date thereof Dec. 11 - 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Highland Cemetery

Location Street, Md.

18. Funeral director Hubert P. Harkins

Address Delta, Pa.

19. Dec. 10, 1948 Registrar C. H. Kirk

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 19 48 at 11:50 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 23 19 47 to November 22 19 48
and that I last saw or alive on November 22 19 48

Immediate cause of death Senility DURATION 2 yrs.

Due to

Due to

Other conditions Cerebral arteriosclerosis 10 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert Barthel MD.

M. D. or other

Address Forest Hill, Maryland Date signed 12-9-48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12561

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford
 City or town Bel Air, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Harford
 City or town Bel Air
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Rosa Belle Kumbh

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W
 6. (b) Name of husband or wife Franklin W Kumbh
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) 7/14-1860
 8. AGE: Years 88 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Harford Co.
 (Town, county, and state)
 10. Usual occupation Retired
 11. Industry or business _____
 12. Name Thomas W. Wilkinson
 13. Birthplace Md.
 14. Maiden name Elizabeth Carson
 15. Birthplace Md.

16. Informant Miss Florine Kumbh
 Address Bel Air Md.
 17. Burial Date thereof Dec 6/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt Zion
 Location Fontaine Green
 18. Funeral director Joseph J. Fortin
 Address Bel Air Md.

19. 12/4 48 P. Lowwood
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1948 at 8:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1923, to Dec 1948
 and that I last saw him alive on Dec 2 1948

Immediate cause of death Myocardial failure and
intestinal obstruction

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

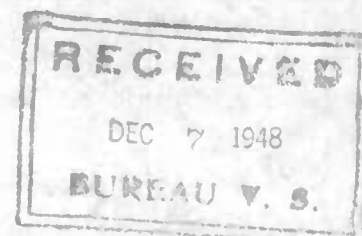
Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE W. H. Wilkinson M. D. or other
 Address Bel Air Md. Date signed Dec 4-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

442

131a

12562

183

Reg. Dist. No.

1. PLACE OF DEATH:

County HarfordCity or town White Hall Rd.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 mo

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County HarfordCity or town Pylesville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Florence V. Leonard

3. (b) Social Security Number

4. Sex Female5. Color or race Red6.(a) Single, married, widowed, or divorced Widow6.(b) Name of husband or wife Mr. R. Leonard7. Birth date of deceased (mo., day, yr.) May 22 1895

6.(c) If alive, give age _____ years

8. AGE: Years 52 Months 7 Days 5 hrs. _____ min.9. Birthplace Beth Ann Harford Co. Md.
(Town, county, and state)10. Usual occupation House maid11. Industry or business Private Home12. Name not known13. Birthplace not known14. Maiden name not known15. Birthplace not known16. Informant Mary E JonesAddress White Hall Rd. Md.17. Burial Date thereof Dec 30-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fairview (Catholic)Location Forest Hill Md18. Funeral director Martha E. SmithAddress Parkville Md19. Dec 30 1948 Thomas R Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1948 at 7:05 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 26 1948 to Dec. 27 1948and that I last saw her alive on Dec. 27 1948Immediate cause of death Cardio-vascular renal disease

DURATION

Due to

Due to

Due to

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. M. France

M. D. or other

Address Parkton Md Date signed 12/27/48

RECEIVED
JAN 31 1949
BUREAU A. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 102

1. PLACE OF DEATH:

County Harford
 City or town Bel Air, Md. Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 weeks
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford
 City or town Jarrettsville, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Ida F. Mayberry

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife John O. Mayberry
 6.(c) If alive, give age 62 years
 7. Birth date of deceased (mo., day, yr.) June 19, 1883
 8. AGE: Years 65 Months 5 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Ash Co. N. C.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Benjamin Hudler
 13. Birthplace Texas
 14. Maiden name Susan Blevins
 15. Birthplace Ash Co. N. C.

16. Informant John O. Mayberry
 Address Jarrettsville, R. D. Md.
 17. Burial Burial Date thereof Dec. 8, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Oak Grove cemetery
 Location Near Bel Air, Md.
 18. Funeral director Hubert P. Harkins
 Address Delta, Penna.
 19. 12/6/48 Registrar O. F. Farrow
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5, 1948 at 12 Noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 4, 1948 to Dec. 4, 1948
 and that I last saw her alive on Dec. 4, 1948

Immediate cause of death Carcinoma of left breast
 DURATION 6 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert Barthel MD M. D. or other _____

Forest Hill, Maryland Date signed 12/6/48
 Address _____

RECEIVED

DEC 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: Harford
County Harford
City or town Harford
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 45 yrs
Hospital, institution or street address where death occurred:
616 N. Adams St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MD. County Harford
City or town Harford
(If outside city or town limits, write RURAL and give nearest town)
Street No. 616 N. Adams St.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME Anna Laveria McCullough

3. (b) Social Security Number

4. Sex Female 5. Color or race White 8. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Wm. J. McCullough
B. (c) If alive, give age 10 years
7. Birth date of deceased (mo., day, yr.) July 22, 1866
8. AGE: Years 82 Months 5 Days 6 It less than one day hrs. min.

9. Birthplace Cecil Co. Md.
(Town, county, and state)
10. Usual occupation House Duties
11. Industry or business Retired
12. Name Stephen Crouch
13. Birthplace Md.
14. Maiden name Rachel Lake
15. Birthplace Md.

16. Informant Mrs. Ruth Hopkins
Address Harford Grace R.O. #1
17. Burial Date thereof Dec 31, 1948
(Burial, cremation, or removal. Which?) (Month) (day) (year)
Cemetery or crematory North Meth. Ch. Yd.
Location Cecil Co. Md.
18. Funeral director R. Madison Mitchell
Address Harford Grace Md.
19. Dec. 29 1948 G. T. Lewis Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH Dec. 28 1948 at 10 10 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1948 to Dec. 28 1948
and that I last saw him alive on Dec. 28 1948

Immediate cause of death Heart, congested
Failure myocardial
DUE TO hypertensive
DUE TO arterio sclerosis
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. J. Simon M. D. or other
Address Harford Grace Date signed 12-29-48

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 31 1948

BUREAU F. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12565

Reg. Dist. No. 180

1. PLACE OF DEATH:

County Harford
 City or town Joppa R.D.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death 14 months
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Harford
 City or town Joppa R.D.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Julia Mc Knight

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Adam McKnight
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) — 1901 —

8. AGE: Years 47 Months — Days — If less than one day _____ hrs. _____ min.

9. Birthplace Jackson Co., Ark.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Isaac Hobbs

13. Birthplace Alabama

14. Maiden name Mary Jane Lofton

15. Birthplace Ark.

16. Informant Adam McKnight

Address Joppa R.D.

17. Burial Date thereof Dec 21, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Manlyville Baptist

Location Joppa R.D.

18. Funeral director Howard E. McNamee & Son

Address Abingdon Maryland

19. Dec 21 19 48 Mary M. M. Muldalen
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 19 48 at 6:10 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 2 19 48 to Dec 17 19 48
 and that I last saw him alive on Dec 17 19 48

Immediate cause of death Cerebral hemorrhage DURATION 12 hours

Due to hypertension not known
 (cardio vascular renal)

Due to _____

Other conditions _____

Major findings of operations _____

_____ Date of op. _____

Antopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Fred O. Hodous MD M. D. or other
 Address Edgewood Md Date signed 12-17-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 182

1. PLACE OF DEATH:

County Harford
City or town Joppa, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life long
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Harford
City or town Joppa - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Boxer Wilson
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Charles Albert Middendorf

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower

8. (b) Name of husband or wife Rose Margaret Klyg Middendorf

7. Birth date of deceased (mo., day, yr.) July 2 - 1872 8. (c) If alive, give age 76 years

8. AGE: Years 76 Months 5 Days 8 If less than one day hrs. min.

9. Birthplace Joppa, Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Middendorf

13. Birthplace Germany

14. Maiden name Elizabeth Everett

15. Birthplace Harford Co Md.

16. Informant Chas. A. Middendorf

Address Joppa, Md.

17. (Burial, cremation, or removal, Which?) Buried Date thereof Dec. 13, 1948 (month) (day) (year)

Cemetery or crematory Jerusalem Baptist

Location Joppa, Md.

18. Funeral director W. H. Archer

Address Benson, Md.

19. 12/12 19 48 P. Towood Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10, 1948 at 4:55 P.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 7, 1948 to Dec. 10, 1948

and that I last saw him alive on Dec. 7, 1948

Immediate cause of death Coronary Thrombosis DURATION Sudden

Due to Coronary Sclerotic Heart Disease 1 yr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clifford F. Hudson, M.D. M. D. or other Clark Md. Address 12/11/48 Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12566

93d

RECEIVED

DEC 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

443
93d

12567

Reg. Dist. No. 183

1. PLACE OF DEATH:

County HarfordCity or town Jarrettsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County HarfordCity or town Jarrettsville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Thomas Rush Nelson

3. (b) Social Security Number _____

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

widower

6. (b) Name of husband or wife

Elizabeth Street Nelson

7. Birth date of

deceased (mo., day, yr.)

Aug. 2, 1864

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

84422

hrs.

min.

9. Birthplace

Monkton, Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Retired

FATHER

12. Name

Joshua Nelson

13. Birthplace

Monkton, Md

MOTHER

14. Maiden name

Ellen Hape

15. Birthplace

Monkton, Md.

16. Informant

Joshua Nelson

Address

Jarrettsville, Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

Dec. 26, 1948
(month) (day) (year)

Cemetery or crematory

Bethel

Location

Maryland, HarCo. Md

18. Funeral director

Martin G. Kurtz

Address

Jarrettsville, Md.

19. Dec 26

(Date rec'd by registrar)

Thomas R. Brown

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 19 48 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 9 19 48 to Dec. 24 19 48and that I last saw him alive on Dec. 24, 1948

Immediate cause of death

Coronary Heart Failure

DURATION

Several
Years

Due to

Arteriosclerotic - hypertensive
Heart disease

Due to

Other conditions

Phlebotomy - Cholelithy Anemia 1 month.

(Include pregnancy within 3 months of death)

Major findings of operations

None

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

S. James Shonier, Jr.

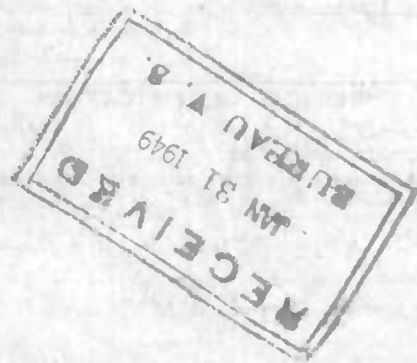
M. D. or other

Address

Jarrettsville, Md

Date signed

12-24-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County HarfordCity or town Harford de CRAIG
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Abertown Md
(If outside city or town limits, write RURAL and give nearest town)Street No. Edmund St
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Viola C. HARDY Nelson

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

James Nelson

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 30th 19258. AGE: Years 23 Months 11 Days It less than one day hrs. min. 9. Birthplace Abertown Harford Co. Md
(Town, county, and state)10. Usual occupation House worker

11. Industry or business

12. Name Reynold Nelson13. Birthplace Undersown14. Maiden name Sadie Hardy15. Birthplace Abertown Md18. Informant Rayland HardyAddress Abertown, Md.17. Burial Date thereof Dec. 22, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt CalvaryLocation near Abertown18. Funeral director Henry Tacking & SonsAddress Abertown Md.19. Dec. 20 19 48 A. L. Lewis M. D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 19 48 at 4:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19 and that I last saw him alive on 19 Immediate cause of death Fracture of Skull

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Dec 19, 1948Where did injury occur? Near Harford Md (City or town) (County) (State)Injured at home, farm, industry, public place (where?) U. S. Route # 40Means of injury Car struck abutment Injured at work? No23. SIGNATURE J. D. Lewis M. D.Address Abertown, Md. Date signed 12/19/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12569

Reg. Dint. No. 182

1. PLACE OF DEATH:

County Hanford
City or town Bel Air Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Hanford
City or town Rural - Bel Air
(If outside city or town limits, write RURAL and give nearest town)
Street No. Almshouse
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME

Joseph Riley

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced S
6. (b) Name of husband or wife ✓
7. Birth date of deceased (mo., day, yr.) May 10 - 1886
6. (c) If alive, give age _____ years
8. AGE: Years 62 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Chicago Ill.
(Town, county, and state)
10. Usual occupation Farm Hand
11. Industry or business
12. Name Frank Riley
13. Birthplace Ill
14. Maiden name Mary Berry
15. Birthplace Ill

16. Informant Clark F. Fitzpatrick
Address Bel Air, Md
17. Burial Date thereof Dec 27/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Hanford Co. Home
Location Bel Air, Md Rural
18. Funeral director Joseph J. Foster
Address Bel Air, Md
19. 12/24/48 P. Woodward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24, 1948, 11:00A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 - 1948 to Dec 24, 1948 and that I last saw him alive on Dec 22, 1948
Immediate cause of death Coronary Thrombosis DURATION 8 hrs
Due to Terminating
the Myocardial Disease ?
Due to With Decompensation
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Willard P. Hudson, M.D. M. D. or other
Address Forest Hill, Maryland. Date signed 12/24/48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

12570

1. PLACE OF DEATH:

County Harford CoCity or town Fallston
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County ✓City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2.(a) If veteran, name war World War 2 ✓

3.(a) FULL NAME

Herbert Ruthertford Schod

3.(b) Social Security Number

212-20-0242

4. Sex

Male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Dorothy J Cypull

7. Birth date of deceased (mo., day, yr.)

Feb 18 1925

6.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

23927

hrs.

min.

9. Birthplace

Balto. Md
(Town, county, and state)

10. Usual occupation

Quarry F. gate

11. Industry or business

Lawn Co

12. Name

John S. Schod

13. Birthplace

Balto. Md

14. Maiden name

Helene Ruthertford

15. Birthplace

Balto. Md

16. Informant

John S. Schod

Address

3606 Forest Grove ave

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof Dec 18 1948
(month) (day) (year)

Cemetery or crematory

Meadow Ridge Memorial

Location

Dorsey Md

18. Funeral director

Henry R. Jenkins (Inc Co)

Address

4905 York Rd Balto. 12

19.

12/16
(Date rec'd by registrar)x P A W Hedrick
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15 1948 at 12:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19and that I last saw him alive on 19

Immediate cause of death

Sunshot wound left chest

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide 1 accident Date of 12/15/48Where did injury occur? Fallston Harford
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Home Leo M. CarrMeans of injury shot by small boy Injured at work? yesGerald C Palmer M.D.23. SIGNATURE Acting Deputy Medical Examiner
Harford County M. D. or otherAddress Balto. Md. Date signed 12/15/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12571

Reg. Dist. No. 185

1. PLACE OF DEATH

County Harford
 City or town Havre de Grace
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Harford Memorial Hosp.How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Havre de GraceStreet No. 715 S. Market
 (If rural, give LOCATION)

2.(a) If veteran, name War

3.(a) FULL NAME

SILLS, JamesJames Elias Sils

3.(b) Social Security Number

4. Sex

Male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Anna Swift Sils (d)

7. Birth date of

deceased (mo., day, yr.)

Sept. 15, 1870

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

78218

hrs.

min.

9. Birthplace

Harford Furnace, Md.

(Town, county, and state)

10. Usual occupation

Retired Can Co. Manager

11. Industry or business

Wm. T. Sils

MOTHER

12. Name

Harford Furnace, Md.

13. Birthplace

Priscilla Barnaby

14. Maiden name

15. Birthplace

Kent Co. Md.

18. Informant

Mrs. Joseph Dye

Address

715 Market, St. Havre de Grace.

17.

(Burial, cremation, or removal, Which?)

Burial

Date thereof

12/5/48

(month) (day) (year)

Cemetery or crematory

Angel Hill

Location

Havre de Grace, Md.

18. Funeral director

Pennington & Son

Address

Havre de Grace, Md.

19.

(Date rec'd by registrar)

19

48

A. L. Lewis M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3, 1948 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

23 Nov19 48to 3 Dec19 48

and that I last saw him alive on

3 Dec19 48

Immediate cause of death

Cardio-respiratory failure

DURATION

Due to

Hypertensive-arteriosclerotic
cardiovascular disease

Due to

Senility

Other conditions

Fracture of right
ilium

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

AccidentDate of 11.21.48

Where did injury occur?

Havre de Grace, Md.

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Home

Means of injury

Fell down steps.Injured at work? No.

23. SIGNATURE

P. B. Norment

M. D. or other

Address

Havre de Grace Md

Date signed

3 Dec 48

RECEIVED

DEC 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12572

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Hartford
 City or town Aberdeen Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Hartford
 City or town Aberdeen Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War II

3. (a) FULL NAME

WILLIAM JAMES SINGLETON

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Margaret Mulligan
 7. Birth date of deceased (mo., day, yr.) June 5th. 1918
 8. AGE: Years 30 Months 6 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Aberdeen Hartford Co. Md.
 (Town, county, and state)

10. Usual occupation Day laborer

11. Industry or business

FATHER 12. Name Frank W. Singleton
 13. Birthplace Aberdeen Hartford Co. Md.
 MOTHER 14. Maiden name Lillie J. Sullivan
 15. Birthplace Aberdeen, Hartford Co. Md.

16. Informant Frank W. Singleton
 Address Aberdeen, Hartford Co. Md.

17. Burial Date thereof 1-3-1949
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Baker's
 Location Aberdeen, Rural

18. Funeral director Henry Tarring & Sons
 Address Aberdeen, Hartford Co. Md.

19. Jan 1 1949 Nellie H. Riley
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1948 at 3:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____, and that I last saw him _____ alive on _____ 19____.

Immediate cause of death Gunshot Wounds of Chest
 DURATION _____

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Suicide Date of Dec 29, 1948
 Where did injury occur? Aberdeen Hartford Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home
 Means of injury 400 G. Shotgun Injured at work? No

23. SIGNATURE J. Ramsey, M.D.
 Address Aberdeen, Md. Date signed Dec 29, 1948

RECEIVED

JAN 5 1949

BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12573

181

1. PLACE OF DEATH:

County

City or town

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

84

11

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

(Date rec'd by registrar)

Nellie H. Riley

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 5th

19. 48

at 10:00 P. M.

21. CERTIFY that death occurred on the date above stated: that I attended deceased from

November

19. 48

to December 5, 19. 48

and that I last saw him alive on

December 1, 19. 48

Immediate cause of death

Cerebral
Hemorrhage

DURATION

5 da.

Due to

General Arterio-
Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. F. Magraw

M. D. or other

Address

Caryville Md

Date signed

Dec. 7, 1948

MARGIN RESERVED FOR BINDING

VS A16 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12574

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Harford
City or town Belt air
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 37 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md. County Harford
City or town Belt air
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

FLORENCE GRACE TAYLOR

3. (b) Social Security Number

4. Sex F. 5. Color or race W 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife C. Bland Taylor
6.(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Mar. 24, 1886
8. AGE: Years 62 Months 8 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Carney, Balto. Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Howell P. Gersman

13. Birthplace Hamilton, Balto Co Md

14. Maiden name Catherine P. Stahl

15. Birthplace Baltimore

16. Informant C. Bland Taylor

Address Jarrettsville, Md.

17. Burial Date thereof Dec. 17, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Jarrettsville

Location Jarrettsville Md

18. Funeral director Martin G. Kurtz

Address Jarrettsville, Md.

19. 12/16 1948 Powder
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 19 48 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19_____, to _____ 19_____, and that I last saw him _____ alive on _____ 19_____

Immediate cause of death CEREBRAL HEMORRHAGE

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work?

23. SIGNATURE J. Ramsey, Md

Address Aberdeen, Md Date signed 12/15/48

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 20 1948

BUREAU T. S.

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12575

CERTIFICATE OF DEATH

Reg. Dist. No. 185

FILM No. G 118 DEC 21 1948

1. PLACE OF DEATH:

County Harford

City or town Harreds Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 hr

Hospital, institution or street address where death occurred:

Harford Memorial

How long in hospital or institution? 1 hr

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford

City or town Harreds Grace
(If outside city or town limits, write RURAL and give nearest town)

Street No. 517 Burton St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John Wilmer Tollenger

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Margaret S. Tollenger

7. Birth date of

deceased (mo., day, yr.)

Dec. 15 1891

8. (c) If alive, give age 55 years

8. AGE:

Years

Months

Days

If less than one day

56

59

11

10

hrs.

min.

9. Birthplace

Harford Co. Md.
(Town, county and state)

10. Usual occupation

Small Arms

11. Industry or business

A. P. S. Md.

12. Name

Wm. Otis Tollenger

13. Birthplace

Md.

14. Maiden name

Clara J. Page

15. Birthplace

Md.

16. Informant

Mrs. Margaret S. Tollenger

Address

517 Burton St. Harreds Md.

17. Burial

(Burial, cremation, or removal) Which?

Date thereof

Dec. 13, 1948
(month) (day) (year)

Cemetery or crematory

Rock Run

Location

Harford Co. Md.

18. Funeral director

W. Madison Mitchell

Address

Harreds Grace, Md.

19. Dec. 13

19 48

G. L. Lewis M.D.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 19 48 at 11:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19 48 to Dec 10 19 48
and that I last saw 1 alive on Dec 10 19 48

Immediate cause of death

Coronary Thrombosis

DURATION

6 mon.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Harreds Grace, Md.

M. D. or other

Address Harreds Grace, Md. Date signed Dec 10 1948

MARGIN RESERVED FOR BINDING

9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 15 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12576

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Hartford Co
City or town Valle Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Hartford
City or town Valle Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If velaran, nama war.

3. (a) FULL NAME

Francis M Treadwell

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

May 13 - 1858

8. AGE:

90

Years

90

Months

Days

If less than one day

_____ hr.

_____ min.

9. Birthplace

Valle Md

(Town, county, and state)

10. Usual occupation

Retiree

11. Industry or business

MOTHER FATHER

12. Name

Joseph B Treadwell

13. Birthplace

Md

14. Maiden name

Annie E. Leachary

15. Birthplace

Md

16. Informant

Paula Treadwell

Address

Bel Air, Md

17. (Burial, cremation, or removal, Which?)

Burial

Date thereof

Dec 10/48
(month) (day) (year)

Cemetery or crematory

St Ignatius

Location

the Kery, Md

18. Funeral director

John J. Fisher

Address

Bel Air, Md

19. (Date rec'd by registrar)

12/8/48

48

Ponwood

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 7 1948 at 6 A

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Dec 4 1948 to Dec 6 1948

and that I last saw her alive on Dec 5 1948

Immediate cause of death Coronary Thrombosis DURATION

Due to

Senility

2 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. F. Van T. Fisher

M. D. or other

Address

Bel Air, Md

Date signed

Dec 7 1948

MARGIN RESERVED FOR BINDING

I

VS A15

9.45-10.15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 10 1948

BUREAU V. S.

RECEIVED

DEC 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

12577

942

1. PLACE OF DEATH:

County HarfordCity or town Whiteford
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 64 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Whiteford
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Clay Livingston Whiteford

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife May B. Whiteford

7. Birth date of

deceased (mo., day, yr.) Jan. 14, 1884

8. AGE:

Years 64Months 11Days 14

If less than one day

hrs.

min.

9. Birthplace

Harford Co. Md.
(Town, county, and state)

10. Usual occupation

Farmer + Carpenter

11. Industry or business

H. Scott Whiteford

12. Name

Harford Co. Md.

13. Birthplace

Marian J. McCraken

14. Maiden name

York Co. Pa.

15. Birthplace

Mrs. May B. Whiteford

16. Informant

Whiteford, Md.

Address

Delta, Pa.

17. Burial

Burial

(Burial, cremation, or removal, Which?)

Date thereof Dec. 31, 1948

Cemetery or crematory

Stateville Cemetery

Location

Delta, Pa.

18. Funeral director

Hubert P. Harkins

Address

Delta, Pa.

19. Dec. 30, 1948

C. W. Kirk

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28, 1948, at 3:04 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1, 1943, to December 28, 1948and that I last saw him alive on December 28, 1948Immediate cause of death coronary thrombosis

DURATION

Due to coronary thrombosisDue to acuteOther conditions J

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Bryan D. DrogAddress CARDIFFDate signed 12-29-48

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JAN 13 1949

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EVIDENCE FOR CHANGE OF
AGE SHOWN ON:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12578

FILM No. G 118 JAN 21 1949 CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County HARFORD
City or town BELAIR
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? ✓
Hospital, institution, or street address where death occurred: ✓
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md. County Harford
City or town Bel Air
(If outside city or town limits, write RURAL and give nearest town)
Street No. ✓
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3.(a) FULL NAME

ELLEN R. WILDASON

3.(b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced WIDOWED

6.(b) Name of husband or wife JOHN WILDASON

7. Birth date of deceased (mo., day, yr.) DEC. 28, 1866 6.(c) If alive, give age 82 years

8. AGE: Year 81 Month 8 Day 11 If less than one day 24 hrs. min.

9. Birthplace PENNSYLVANIA
(Town, county, and state)

10. Usual occupation HOUSE WIFE

11. Industry or business ISSIAC CUMPIENT

12. Name PA.

13. Birthplace PA.

14. Maiden name Miss Elsie Wildason

15. Birthplace Bel Air md.

16. Informant Miss Elsie Wildason

Address Bel Air md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Dec 6, 1948

(month) (day) (year)

Cemetery or crematorium MT. ZION, M.E.

Location FOUNTAIN GREEN, MD

18. Funeral director H. B. & G. S.

Address Bel Air, md.

19. 12/5 48 Powder

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1948 at 4:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930 to Dec 1948 and that I last saw her alive on Dec - 1 1948

Immediate cause of death Carcinoma of all pelvic organs

Due to Carcinoma cervix (primary)

Due to (primary)

Other conditions (primary)

(Include pregnancy within 3 months of death)

Major findings at operations (primary)

Autopsy results (primary)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide (primary) Date of (primary)

Where did injury occur? (primary) (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) (primary)

Means of injury (primary) Injured at work? (primary)

23. SIGNATURE (primary) M. D. or other (primary)

Address Bel Air md Date signed 12/5/48

RECEIVED

DEC 7 1948

BUREAU V. S.